	ARTICLES OF OR LIMITED LIABILIT (Instructions on back of	YCOMPANY	2004 APR -8 AM 9: 06
1. The n	ame of the limited liability comp	any is:	STATE OF IDAHO
P	hoenix Construction Co	, LLC.	CAT IDAHO"L
2. The s	treet address of the initial registe	ered office is:	
4 <u>45</u>	Joan, Idaho Falls, Id	83401	
and th	ne name of the initial registered a	agent at the above ad	dress is:
Sh	aron Olson		
3. The n	nailing address for future corresp	oondence is:	
4 <u>45</u>	Joan, Idaho Falls, Id.	83401	
4. Mana	gement of the limited liability cor	npany will be vested i	n:
Mana 5. If mar addre	ger(s) \Box or Member(s) \boxed{X} nagement is to be vested in one of ss(es) of at least one initial man	or more manager(s), li ager. If management	ist the name(s) and is to be vested in the
Mana 5. If mar addre	nagement is to be vested in one of	or more manager(s), li ager. If management	ist the name(s) and is to be vested in the
Mana 5. If mar addre memt	nagement is to be vested in one of ss(es) of at least one initial many per(s), list the name(s) and addre	or more manager(s), li ager. If management ess(es) of at least one	ist the name(s) and is to be vested in the initial member.
Mana 5. If mar addre memt	nagement is to be vested in one of ss(es) of at least one initial man per(s), list the name(s) and addre Name	or more manager(s), li ager. If management ess(es) of at least one 445 Joar	ist the name(s) and is to be vested in the initial member. Address
Mana 5. If mar addre memt	nagement is to be vested in one of ss(es) of at least one initial many per(s), list the name(s) and addre Name obert L. Olson	or more manager(s), li ager. If management ess(es) of at least one 445 Joan 445 Joan	ist the name(s) and is to be vested in the initial member. Address n, Idaho Falls, ID 834